SYMPTOM

Breathing - slowed or stopped

Slowed or stopped breathing means breaths become unusually infrequent, shallow, or absent.

WHAT IT FEELS LIKE
Unusually shallow breaths, long pauses, or no breathing

WHERE IT IS FELT
Chest and airways, though often noticed by someone else

MOST COMMON CAUSES
Sleep apnea, opioid medicines, sedative or alcohol effects

WHEN IT IS URGENT
Breathing stops, only gasps, or the person cannot wake

USUALLY LASTS
Seconds during sleep pauses; longer with medicines or serious illness

SEE A DOCTOR IF
Repeated sleep pauses, loud snoring, or unexplained daytime sleepiness

Overview

Breathing may become unusually slow, very shallow, or stop for a period. A complete pause in breathing is called apnea . Breathing that is dangerously reduced by medicines or illness is sometimes called respiratory depression .

Breathing normally slows during sleep. However, repeated pauses, choking sounds, or a drop in alertness may signal a problem. A person whose breathing has slowed may not notice it themselves, especially during sleep, after taking sedating medicines, or while losing consciousness.

Stopped breathing is an emergency when the person is unresponsive, turning blue or grey, or only gasping. Occasional gasps are not normal breathing.

What it may feel or look like

If you are awake, you may notice that your breaths feel weak, shallow, or unusually far apart. You may feel very sleepy, confused, dizzy, or unable to stay alert. Some people develop a headache or feel poorly rested after repeated breathing pauses during sleep.

Someone watching may notice:

Skin colour changes can be harder to see on darker skin. Check the lips, tongue, gums, palms, and nail beds, and pay attention to any grey or unusually pale appearance.

- Long gaps between breaths
- Very little movement of the chest or abdomen
- Loud snoring followed by silence, choking, or snorting
- Pale, blue, or grey lips or skin
- Unusual drowsiness, limpness, or difficulty waking
- Only irregular gasps instead of steady breathing

Common causes

Common causes include sleep-related airway blockage and the effects of substances that slow brain activity.

In obstructive sleep apnea, the throat repeatedly narrows or closes during sleep. This may cause loud snoring, breathing pauses, choking sounds, morning headaches, and daytime sleepiness.

Opioid pain medicines can slow the brain's drive to breathe. Examples include morphine, oxycodone, fentanyl, and heroin. Sleeping tablets, anti-anxiety medicines, anaesthetics, and alcohol can also reduce breathing. The risk may be greater when several sedating substances are combined.

A blocked airway can stop breathing. Possible causes include food or another object, vomit, swelling from a severe allergic reaction, or the tongue falling back when someone is unconscious.

Less common causes include brain injury, stroke, seizures, severe infection, very low body temperature, and conditions that weaken the breathing muscles. Problems affecting the brainstem-the area that controls automatic breathing-can also change the breathing pattern.

Urgent causes include opioid overdose, choking, major injury, near-drowning, severe allergic reaction, and cardiac arrest. These require immediate action rather than waiting to identify the exact cause.

When to seek medical care

Call emergency services now if someone:

Place the person on a firm surface and follow the emergency dispatcher's instructions. Start CPR if they are not breathing normally. Use an automated external defibrillator, or AED, if one is available. If opioid overdose is possible, give naloxone if available, but do not delay CPR or the emergency call.

If an unconscious person is breathing normally, place them on their side unless an injury makes movement unsafe. Stay with them and keep checking their breathing. Do not give food, drink, or medicine by mouth.

Seek same-day medical advice for newly slow or shallow breathing while awake, especially after starting or changing a medicine. Repeated sleep pauses without emergency signs usually need a routine appointment. Book one if there is loud snoring, witnessed choking during sleep, morning headaches, or ongoing daytime sleepiness.

- Is not breathing or is only gasping
- Cannot be woken or is becoming less responsive
- Has blue, grey, or very pale lips or skin
- Has stopped breathing after choking, injury, or possible overdose
- Has severe facial or throat swelling with breathing difficulty
- Collapses or has a seizure followed by abnormal breathing

How the cause is found

A clinician will ask when the breathing changes happen, how long they last, and whether they occur during sleep. Information from someone who witnessed the episode can be important.

Bring a list of prescription medicines, over-the-counter products, alcohol use, and other substances. Be open about possible opioid or sedative exposure; this information helps guide safe treatment.

Tests depend on the situation. They may include checking oxygen and carbon dioxide levels, blood tests, an electrocardiogram to assess the heart, or scans after an injury or suspected stroke. A sleep study can record breathing, oxygen levels, heart rate, and sleep patterns when sleep apnea is suspected.

Recordings from a phone or wearable device may provide useful clues, but they cannot confirm the cause or rule out a serious problem.

Treatment and self-care

Emergency treatment focuses on opening the airway and restoring effective breathing. This may include CPR, oxygen, assisted ventilation, removal of an airway blockage, or naloxone for suspected opioid effects.

Further treatment depends on the cause. Sleep apnea may be managed with positive airway pressure, which uses gentle air pressure to keep the throat open. Some people may be offered an oral appliance or other treatment after assessment.

Medicine-related slowing may require monitoring and changes to the medicine plan. Do not stop a regularly prescribed opioid, sedative, or anti-seizure medicine suddenly without medical advice. However, inability to wake or abnormal breathing after taking one is an emergency.

Until reviewed, avoid alcohol or unapproved sedatives with medicines that cause drowsiness. Take medicines only as directed, and store opioids like oxycodone or morphine where others cannot access them.

What to expect

A brief breathing pause may end once an airway opens or a temporary trigger passes. Repeated or prolonged episodes can return unless the cause is addressed.

Sleep apnea often improves with consistent treatment. Breathing slowed by medicines may recover with prompt support, but the person may need observation because symptoms can return. Recovery after infection, injury, or a neurological condition depends on the underlying problem.

Common questions

Is slow breathing always dangerous?

No. Breathing can slow during restful sleep or deep relaxation. Concern increases when breaths are very shallow, there are repeated pauses, or the person is confused, blue, difficult to wake, or only gasping.

Can anxiety cause breathing to stop?

Anxiety more often causes rapid breathing or a feeling that you cannot get a full breath. It does not usually cause true prolonged apnea. New loss of consciousness or observed breathing pauses should not be assumed to be anxiety.

What if breathing stops only during sleep?

Repeated sleep pauses may be caused by sleep apnea. Arrange an appointment, especially if there is loud snoring, choking, morning headache, or daytime sleepiness. Call emergency services if the person does not restart breathing promptly, changes colour, or cannot be woken.

Can a smartwatch detect stopped breathing?

Some devices estimate breathing or oxygen levels, but they can miss events or give false alerts. Use the result as information to discuss with a clinician, not as proof that breathing is safe or unsafe.

Sources

- MedlinePlus Medical Encyclopedia: Breathing-slowed or stopped , U.S. National Library of Medicine
- Sleep Apnea , National Heart, Lung, and Blood Institute
- CPR and Emergency Cardiovascular Care Guidelines , American Heart Association
- Naloxone and Opioid Overdose Reversal , U.S. Centers for Disease Control and Prevention
- U.S. Food and Drug Administration. Drug Safety Communication: Serious risks and death when combining opioid medicines with benzodiazepines or other central nervous system depressants . August 31, 2016